

ATTORNEY'S DOCKET NUMBER: 2001796-0006 IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

A. John Bramley et al.

Examiner:

Navarro, Albert Mark

Serial No.:

09/698,579

Art Unit:

1645

Filed:

October 27, 2000

For:

TREATMENT OF STAPHYLOCOCCUS INFECTIONS

Mail Stop RCE Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450

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TRANSMITTAL

Enclosed please find the following documents regarding the above-referenced matter:

- 1) Request for Continued Examination (RCE) Transmittal; (1 pg.);
- 2) Response to Office Action Under 37 C.F.R. § 1.116 (6 pp.);
- 3) PTO/SB/06 Patent Application Fee Determination Record (1 pg);
- 4) Check in the amount of \$750.00 for RCE fee;
- 5) Petition for Extension of Time (1 pg.);
- 6) Check in the amount of \$930.00 for extension of time; and
- 7) Return Postcard.

Please charge any fees or credit any overpayments to our Deposit Account No. 03-1721.

Respectfully submitted,

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Telephone: (617) 248-5000 Facsimile: (617) 248-4000 Dated: August 13, 2003 I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner For Patents,

P.O. Box 1450, Alexandria, VA 22313

Attorney Docket No.: 2001796-0006

PTO/SB/06 (08-00)

Approved for use through 10/31/2002. OMB 0651-0032

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Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PADENT PA Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 09/698,579 OTHER THAN CLAIMS AS FILED - PART IPER CPA filed 5/17/00 SMALL ENTITY OR SMALL ENTITY (Column 2) (Column 1) FOR NUMBER EXTRA NUMBER FILED RATE **RATE FEE FEE** _{\$}710 BASIC FEE \$ OR (37 CFR 1.16(a)) TOTAL CLAIMS 21 minus 20 =41 OR x \$ (37 CFR 1.16(c)) INDEPENDENT CLAIMS * 1 4 minus 3 =OR (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR TOTAL \$710 **TOTAL** OR * If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN CLAIMS AS AMENDED - PART II SMALL ENTITY OR SMALL ENTITY (Column 1) (Column 3) (Column 2) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING PRESENT **NUMBER RATE** TIONAL RATE TIONAL **AMENDMENT** AFTER **PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total 41 20 = 21 Minus (37 CFR 1.16(c)) OR Independent 4 3 1 Minus (37 CFR 1.16(b)) OR (37 CFR 1.16(d)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS HIGHEST** ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL **RATE** TIONAL **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR 0 Total 20 = 0 3 Minus (37 CFR 1.16(c)) OR *** Independent Minus 0 0 3 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR 0 ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS HIGHEST** ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL **RATE TIONAL AMENDMENT AFTER** PREVIOUSLY **EXTRA** FEE **FEE** AMENDMENT PAID FOR OR Total ** Minus = OR Independent Minus OR (37 CFR 1.16(d)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ADDIT. FEE ADDIT. FEE ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.